

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
9652

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **2174**

City **St. Louis** (No. **City Report**)

St. Ward)

2. FULL NAME

(a) Residence. No. **2808 S 7** St. **237** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **34** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 4 - 1868**

7. AGE YEARS **58** MONTHS **2** Days **28** If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Laborer**
(b) General nature of industry, business, or establishment in which employed (or employer) **day**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**

10. NAME OF FATHER **George Derby**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

12. MAIDEN NAME OF MOTHER **Marie Kaffman**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

14. INFORMANT (Address) **City of St. Louis**

15. FILED **1927** **Marie Starker** REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 27 1927**

17. I HEREBY CERTIFY That I attended deceased from **June 20**, 19**27**, to **Nov 27**, 19**27**, that I last saw h. f. alive on **Nov 27**, 19**27**, and that death occurred, on the date stated above, at **9:50** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY: (SECONDARY) **91** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHICH TEST CONFIRMED DIAGNOSIS? (Signed) **W. J. Roche** M.D.
3/2, 19**27** (Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Matthews Cem** DATE OF BURIAL **9-5 1927**

20. UNDERTAKER **Weick Bros and Co** ADDRESS **2201 So Grand**

R. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

Derby